

Stevens County Community Needs Assessment

Instructions: Use the table below to summarize the data collected during the community needs assessment and community benefit plan process for your service area/ministry.

Completion Date	<ul style="list-style-type: none"> ▪ May 2013
Service Area/Ministry	<ul style="list-style-type: none"> ▪ Providence Health Care: Providence Mount Carmel Hospital and Providence St. Joseph's Hospital
Sponsor	<ul style="list-style-type: none"> ▪ Elaine Couture, CEO, PHC
Planning/Mission Dyad	<ul style="list-style-type: none"> ▪ Bob Campbell, CE Rural Ministries ▪ Ann Hurst, V.P. Mission Services, PHC ▪ Sara Clements-Sampson, Community Benefit Manager, PHC ▪ Michele Sakurai, Director of Chaplaincy, Rural Ministries ▪ David Windom, Director, Northeast Washington Health District ▪ Brian Myers, Senior Program Associate, Empire Health Foundation ▪ Dr. Patrick Jones, Professor, Eastern Washington University
Workgroup Participants	<p>PHC Community Benefit Team:</p> <ul style="list-style-type: none"> ▪ Elaine Couture, Tony Lawrence, Ann Hurst, Sharon Fairchild, Curt Shoemaker, Bob Campbell, Liz DeRuyter, Sara Clements-Sampson
Brief Description of How the Community Benefit Plan Was Developed	<ul style="list-style-type: none"> • A Survey Monkey survey was sent out to the community and advertised in local papers to ask for participation. They were asked to vote on the most pressing health issues in the Tri-County area. 86 participants answered the question. These responses were in line with a Community Forum on Mental Health that took place in April 2012. • Quantitative data was gathered through the Northeast Washington Trends website and the Washington State Department of Health. The data focused on indicators that reflected the most pressing health issues from the Survey Monkey survey. • Quantitative data was presented to four focus groups of community members throughout Stevens County; including Loon Lake, Colville, Chewelah, and Northport. Data was arranged so the positive movement was indicated by a red up arrow and negative movement was shown with the blue down arrow. They were asked to discuss this data and vote on the top needs in the community. The top needs from each focus group were compiled together and sent out to the focus group participants for an electronic vote of the overall community needs. • The PHC Community Benefit Team assessed the information in relation to the Catholic Health Association Guidelines and the Transformational Focus Areas from our Strategic Plan to determine our Community Health Improvement Plan.
Service Area Definition	<p>Stevens County: Providence Mount Carmel Hospital and Providence St. Joseph's Hospital are located in Stevens County – a population around 43,700 in 2011, a growth of 49% since 1981. The zip code for Chewelah is 99109 and has</p>

	<p>a Community Needs Index score of 3.4 and a population of 5,220. The zip code for Colville is 99114 and has a Community Needs Index score of 3.4 and a population of 11,796. The Cities of Addy and Northport both have a very high percentage of single parents with kids in poverty at 83.33% based on the 2013 Community Needs Index (CNI) from the Truven Health Analytics report.</p> <p>The median age of Stevens County is 45.4 years. In 2011 the population was comprised of:</p> <ul style="list-style-type: none"> • 23.8% youth (0-17 years) • 14.6% young adult (18-34 years) • 44.0% adult (35-64 years) • 17.6% seniors (65+ years) <p>The share of non-white race population of Stevens County was 7.6% in 2010. This includes African American, Native American, Asian, or Pacific Islander descent. The percentage of people of Hispanic descent in Stevens County was estimated at 2.2% in 2010. The share by two or more races of the total population was estimated to be 2.7% in 2008. (Northeast Washington Trends website)</p> <p>The median income for Stevens County in 2010 was \$40,008. Stevens County's unemployment rate was 12.1% in 2011. In 2010, the share of the population aged 18-64 without health insurance for Stevens County was 22.3%. The share of the population 19 and under without health insurance was 8.8%. In 2011, the top three causes of death among all deaths in Stevens County were cancer, 27.7%, heart disease, 25.2%, and stroke, 5.1%. The share of adults in the Tri-County area who have been told by their doctors they have diabetes was at 7% in 2010. There were 42 MDs and DOs in Stevens County in 2012. That is a rate of 0.96 per 1,000 residents. (Northeast Washington Trends website)</p>
<p>Targeted Subpopulations</p>	<p>Subpopulations were identified through the Community Needs Index using three of the five barrier scores chosen and tested by Catholic Healthcare West and Thomson Reuters as follows:</p> <ul style="list-style-type: none"> • Poverty <ul style="list-style-type: none"> ○ 65y and over below poverty line ○ Families with children under 18y below poverty line ○ Single female families with children below poverty line ○ Veteran population • High School Graduation <ul style="list-style-type: none"> ○ Percentage of population over 25y with no high school diploma • Health Insurance Coverage <ul style="list-style-type: none"> ○ Percentage of labor force without employment (16y and over) ○ Percentage of population without health insurance
<p>Major Issues/Needs Identified Within the Community</p>	<ul style="list-style-type: none"> • Poverty and poor life choices (49 votes) • Family mental health and chemical dependency (37) • Promoting health behaviors (21) • Community outreach coordinator focusing on avenues of mentorship, job training, and volunteerism (18) • Mental health (14) • Transportation (13) • Facility for whole person: resources in one place (11) • Food insecurity, nutrition, education (10)

	<ul style="list-style-type: none"> • Obesity, nutrition, cooking (10) • Dental health (8) • Communication/networking (7) • Severe mental illness (3) • Other (11) <ul style="list-style-type: none"> - Child Abuse (2) - Employment Opportunities - Abuse (experiencing and witnessing) & impact on health - Serving the very rural populations in the Tri County area - Child abuse prevention - Preventing abuse and violence - Preventing domestic violence - Child mental health services - Violence & abuse - Child abuse prevention to end life-long health problems
<p>Providence Identified Needs</p>	<ul style="list-style-type: none"> • Family mental health and chemical dependency <ul style="list-style-type: none"> - Abuse prevention • Promoting health behaviors <ul style="list-style-type: none"> - Obesity - Immunizations - Breast Exams - Smoking Cessation • Poverty & difficult life circumstances <ul style="list-style-type: none"> - Abuse prevention - Food insecurity - Transportation - Community outreach coordinator focusing on avenues of mentorship, job training, and volunteerism
<p>How Providence is Addressing the Major Issues/Needs (projects/programs)</p>	<ul style="list-style-type: none"> • Family mental health and chemical dependency: <ul style="list-style-type: none"> - Partnership with Regional Support Network and New Alliance to expand resources in Stevens County - Continue relationships with Rural Resources • Promoting health behaviors <ul style="list-style-type: none"> - Education and tools for physicians around immunizations - Continue partnership with Rural Resources to address smoking cessation and breast exams - Continue partnership with Get Fit Colville to address obesity. • Poverty and difficult life circumstances <ul style="list-style-type: none"> - Continue relationship with Hunger Coalition to bring food banks together for collaborative efforts to end hunger in Stevens County - Support efforts of Hunger Coalition to obtain 501(c)(3) status and expanded grant opportunities - Utilize model from Hunger Coalition to see if the model could be expanded to outreach coordinator efforts
<p>Why Providence Selected These Projects/Programs</p>	<ul style="list-style-type: none"> ▪ The projects/programs were selected because they directly relate to the most frequently identified community need and were consistent with our Providence Mission and Core Values.

	<ul style="list-style-type: none"> ▪ The projects/programs enable Providence to partner with community groups to support programs that address priority community needs. ▪ The projects/programs help decrease repeat and non-emergent users of the Emergency Department as defined in our Strategic Plan.
<p>How Others in the Community Are Addressing the Major Issues/Needs</p>	<ul style="list-style-type: none"> • Poverty and poor life choices <ul style="list-style-type: none"> - Food Banks provide food for the low income - Rural Resources provides many programs including Men for Families and Kids First to address issues related to poverty and violence. - Catholic Charities • Family mental health and chemical dependency, mental health, severe mental illness <ul style="list-style-type: none"> - Prescriptions for Life addresses issues relating to prescription drug addiction - Rural Resources provides many programs including Women Making a Difference and Kids First to address issues related to poverty and violence. • Promoting health behaviors <ul style="list-style-type: none"> - Tri-County Health District promotes healthy life sports and immunizations • Community outreach coordinator focusing on avenues of mentorship, job training, and volunteerism <ul style="list-style-type: none"> - Hunger Coalition is providing a model of organizations with a similar goal of coming together around a common cause • Transportation <ul style="list-style-type: none"> - Catholic Charities provides rides for low income individuals - The Gold Line provides general population bus rides into Spokane - Rural Resources provides gas vouchers for low income individuals • Facility for whole person: resources in one place <ul style="list-style-type: none"> - Rural Resources provides many services and referrals - Catholic Charities provides many services and referrals • Food insecurity, nutrition, education <ul style="list-style-type: none"> - Food Banks provide fresh produce and education on food • Obesity, nutrition, cooking <ul style="list-style-type: none"> - Get Fit Colville & the Healthiest State in the Nation Initiative: addressing health and wellness issues in Stevens County • Dental health <ul style="list-style-type: none"> - Washington State University extension program has a robust dental health clinic - Tri County Community Health Fund is also addressing this issue in the low income population • Communication/networking <ul style="list-style-type: none"> - Hunger Coalition is providing a model of organizations with a similar goal of coming together around a common cause - Senior Center is a central place for information to be disseminated to the elderly population
<p>Major Issues/Needs that Are Not Addressed by Providence or Others in the Community (include the reasons for not addressing these issues/needs)</p>	<ul style="list-style-type: none"> ▪ Facility for whole person: resources in one place – Many services are looking to consolidate in Spokane. Providence is not situated to lead this effort. ▪ Employment Opportunities – This continues to be an issue in this region. Providence is not situated to lead this effort.
<p>Outcome Indicators or</p>	<p>Providence in Stevens County is viewed as a major partner in contributing to the</p>

Goals of the Community Benefit Plan	<p>increased health of the Stevens County community.</p> <ul style="list-style-type: none"> • Family mental health and chemical dependency <ul style="list-style-type: none"> - Mental health beds available in Stevens County - Share of adults with poor mental health - Suicide rates • Promoting health behaviors <ul style="list-style-type: none"> - Immunization rates - Obesity rates • Poverty & difficult life circumstances: <ul style="list-style-type: none"> - Grants obtained by the Hunger Coalition - Child abuse rates - Five fruits and vegetables consumed
Other	<p>Attachments:</p> <ul style="list-style-type: none"> ▪ Needs Assessment Summary ▪ Quantitative Data <ul style="list-style-type: none"> - Northeast Washington Trends website: http://www.northeastwashingtontrends.ewu.edu/hiSpeed/index.cfm ▪ Stevens County Community Health Needs Assessment ▪ Participant Roster ▪ CHNA Data Summary

*“Data and methodology for the Community Need Index (CNI) for use in this publication were supplied by Truven Health Analytics. Dignity Health contributed to the development of the methodology as well. Any analysis, interpretation, or conclusion based on these data is solely that of the authors, and Dignity Health and Truven Health Analytics disclaim responsibility for any such analysis, interpretation or conclusion.”

Stevens County Community Partners

2013 *Community Health Needs Assessment*



PROCESS FOR THE 2013

Stevens County Community Health Needs Assessment:

- Review data describing Stevens County's demographics; health behaviors, status, and outcomes; and populations with health disparities.
- Obtain community input on health issues affecting our residents.
- Identify three to four priority health issues on which Providence and its partners can focus.
- Assist Providence in meeting the federal non-profit hospital requirement for conducting a community health needs assessment, including implementation of an action plan.

Introduction

The Community Health Needs Assessment for Stevens County was conducted in collaboration among Providence Health Care (PHC), Northeast Tri County Health District (NETCHD), Eastern Washington University (EWU), and the Empire Health Foundation (EHF). The purpose was to identify and prioritize health care needs in Stevens County, especially among the most poor and vulnerable populations, and look for collaborative opportunities to improve the health of the community.

Community Engagement

Members of the community engaged in a thought provoking process over four weeks. Data tracked by Northeast Washington Trends, Department of Health, and community organizations was reviewed. The data was tested against general observations and community feedback, and compared to existing community resources. Then, participants used the following criteria to select priority issues:

- Affects the greatest number of community members, particularly as it pertains to the poor and vulnerable;
- Is an underlying cause of other issues;
- Impacts various aspects of community life;
- Is an area we, as a community, believe we can make a difference; there are opportunities for collaboration that will result in change.

continued

Stevens County Community Partners

2013 *Community Health Needs Assessment*



Conclusion

The partners in this needs assessment see continued opportunities for partnership. By working together, we have an opportunity to coordinate efforts around larger holistic issues and make lasting changes that address many of our community's greatest needs. For example, related health issues such as mental health, addiction and child abuse may be most effectively addressed through system changes that have broad impact.

In addition, the participants agree that there is need for further research, analysis of community resources, and ongoing education to increase awareness of health-related issues.

Providence Health Care will develop action plans that focus on three areas identified by 57 community partners as the areas of greatest concern. This work will be done in collaboration with others in the community to best utilize resources, improve communication and work toward measurable changes that address unmet health care needs in Stevens County.



High priority areas of concern:

- Poverty, hunger and poor life choices
- Family mental health and chemical dependency
- Promoting healthy behaviors



Learn more about the Stevens County Community Health Needs Assessment at phc.org/communitybenefit.

To learn more about what our partners in the Community Health Needs Assessment are doing to address these issues, please visit their websites:

- Empire Health Foundation - <http://empirehealthfoundation.org/grants-programs>
- Northeast Tri County Health District - <http://www.netchd.org/>
- Eastern Washington University, Institute for Public Policy and Economic Analysis - <http://www.northeastwashingtontrends.ewu.edu>

Examination of Key Measures of Health in Ferry, Pend Oreille & Stevens Counties				
3.11.2013				
Legend	Data Values	Change in NE WA vs. 3-5 years ago	Current NE WA value vs. WA value	Overall assessment of relative performance
	Improvement of 5-19%			
	Improvement > 20%			
	Improvement < 5% or decline < -5% in absolute value			
	Decline of -5 to -19%			
	Decline of > -20% in absolute value			
Access to Health Care				
	Share of adults uninsured			
	Share of children uninsured - Children			
	Adults w/ a personal healthcare provider			
Infant/Maternal Health				
	Share of women receiving care in the 1st trimester			
	Share of births that are low birth weight			
	Rate of infant mortality			
Mental & Behavioral Health				
	Share of adults w/ poor mental health			
	Share of teens feeling sad or hopeless			
	Female suicide rate			
	Male suicide rate			
	Adult binge drinking			
	Teen alcohol use rate			
Smoking				
	Teen cigarette smoking rate			
	Maternal cigarette smoking rate			
	Adult smoking rate			
Healthy Behaviors				
	Share of adults consuming 5 portions of fruits & vegetables daily			
	Adult physical activity rates			
	Teen physical activity rates			
	Children immunization rates			
	Influenza immunization rates			
	Adult preventive breast cancer screening rate			
	Adult cervical cancer screen rate			
Outcomes				
	Adult obesity rate			
	Adult diabetes rate			
	Deaths by heart disease			
	Deaths by stroke			
	Deaths by cancer			
Dental				
	Share of adults receiving dental care			

For a copy of the specific data presented, please contact Sara Clements-Sampson at sara.clements-sampson@providence.org



Stevens County Community Partners Community Health Needs Assessment

2013

Introduction:

Every three years, Providence Health Care is required as a result of the Patient Protection and Affordable Care Act to conduct a comprehensive community health assessment. This year, the Community Health Needs Assessment for Stevens County was conducted in collaboration among Providence Health Care (PHC), North East Washington Health District (NEWHD), Eastern Washington University (EWU), and the Empire Health Foundation (EHF). The purpose was to prioritize health care needs, especially among the most poor and vulnerable populations, and look for collaborative opportunities to improve the health of the community. Our goal for the needs assessment was to:

- Review data describing our community's demographics; health behaviors, status, and outcomes; and populations with health disparities.
- Obtain community input on health issues affecting our residents.
- Identify 3-4 priority health issues that Providence and its partners can act on.
- Assist Providence in meeting the federal non-profit hospital requirement for conducting a community health needs assessment, including the implementation of an action plan.

Plan

A plan was established to engage the community in a thought provoking process over a one-month period. The data tracked for the Northeast Washington Trends Website and the Department of Health Data was reviewed. This data describes more than 28 health measures on access, infant/maternal health, mental and behavioral health, smoking, healthy behaviors, outcomes, and dental. Participants then participated in one of the four focus group discussions and explored data that most reflected their organization and concern in the community.

Meeting (2 hours): March 29th – April 25th, 2013

- Overview of community health needs assessment process
- Review of quantitative data
- Discussion of issues
- Vote for top 3
- Discussion on action steps

Four focus groups were held in various locations throughout Stevens County. A facilitator asked six questions to encourage the groups to come to a consensus on three top priority health issues based on the data and their experience working with clients and their organizations. These top priorities were emailed to the participants in a Survey Monkey format to vote as a community on the top issues the community felt should be addressed.

(Data Attachment A)

Results and write-ups for each meeting:

The following are the results for each focus group and identify the key priorities.

Loon Lake, WA Top Priorities

Stevens County's top health priorities reported for this group after reviewing the data were (1) mental health, (2) obesity/nutrition/cooking and (3) dental health. The community rationale for the listed priorities was based on the following issues:

- Patients need assistance for co-pays; lack of insurance; and need organizations to partner with clinics.
- People don't have gas money for transportation.

- We need to expand the network of supports and to communicate with other support services for better integration.
- Mental health is a driving condition for other medical problems.
 - There is isolation (geographic) and idleness (out of work) issues relating to this.
 - Data and own experience are not in alignment.
- Abuse is under-reported and the rates of obesity are greater than the data reports. Abuse in the home is an underlying reason for alcohol, smoking, poverty, etc.

Colville, WA Top Priorities

The top three areas of need identified by this group were (1) facility for whole person, resources in one place, (2) poverty as a root cause and (3) severe mental illness. The rationale for listed priorities was:

- The issues are interconnected and we should look at the root causes to promote healthy behaviors.
- Mental Health has issues around changing bad behaviors and attitudes, as well as education needs to be coupled with emotional, spiritual, and psychological support.
- There are 220 new diagnosis of cancer in Stevens County each year.
- Poverty send people back into poor lifestyles choices.
- Resources are needed to support change, such as the Union Gospel Mission in Spokane.

Chewelah, WA Top Priorities

The top three areas of need reported for this group after reviewing the data were (1) food insecurity, nutrition, education, (2) poverty and (3) mental health. The rationale for the listed priorities was:

- Education must be broader than food to include preventative care and behaviors.
- We should use food pantries as a center for change and partner with those who work with kids.
 - Start early education about food and behaviors to help get parents involved.
- We need to stop rewarding bad behavior and have consequences for behavior.
- There is a communication gap.
 - We need to develop relationship that can make change possible.

Northport, WA Top Priorities

The top three areas of need identified were (1) poverty and poor life choices, (2) community outreach coordinator focusing on avenues of mentorship, job training, and volunteerism and (3) family mental health and chemical dependency. The rationale for the listed priorities was:

- The lack of community engagement.
 - There is a concern that members in the community don't see a reason for change.

- There were inquiries around the Welfare to Work program, Vet Support programs, and education to help people make good choices.
- They have tried interventions in the past with little success.

The twelve areas identified by the focus groups at the Community prioritization meeting were:

- Mental Health (2)
- Obesity/nutrition/cooking
- Dental health
- Facility for the whole person, resources in one place
- Poverty as a root cause (2)
- Severe mental illness
- Food insecurity, nutrition, education
- Poverty and poor life choices
- Community outreach coordinator focusing on mentorship, job training and volunteerism
- Family mental health and chemical dependency

These additional topics were added to the survey vote to allow for all discussions to be represented

- Transportation
- Communication/Networking
- Promoting health behaviors

The criterion for selecting priority issues includes:

- Affects the greatest number of community members, particularly as it pertains to the poor and vulnerable
- It's an underlying cause of other issues
- Impacts various aspects of community life
- An area we, as community, believe we can make a difference; there are opportunities for collaboration for change.

The group was asked to vote on their top 3 areas of concern. Fifty-seven individuals cast a total of 212 votes. The results and the number of votes received for each health issue are:

- Poverty and poor life choices (49)
- Family mental health and chemical dependency (37)

- Promoting health behaviors (21)
- Community outreach coordinator focusing on avenues of mentorship, job training, and volunteerism (18)
- Mental health (14)
- Transportation (13)
- Facility for the whole person, resources in one place (11)
- Obesity/nutrition/cooking education (10)
- Food insecurity, nutrition, education (10)
- Dental health (8)
- Communication/networking (7)
- Severe mental illness (3)
- Other (11)
 - Child abuse (2)
 - Employment opportunities
 - Abuse (experience and witnessing) & impact on health
 - Serving the very rural populations in the Tri County area
 - Child abuse prevention
 - Preventing abuse and violence
 - Preventing domestic violence
 - Child mental health services
 - Violence and abuse
 - Child abuse prevention to end life-long health problems

Conclusion:

The partners in this needs assessment see continued opportunities for partnership. There are opportunities for further research to fill the data gaps from this analysis due to the information not being available. We would like to see more community education in these areas and bring about more awareness to the issues. We see the next steps as an analysis of who is doing what in the community and what the issues in these areas are. Action plans will be developed around this needs assessment. We see a great opportunity to work on system changes and collaborations that would address many of these issues together. For example, mental health, addiction, child abuse, and even obesity are related

health issues, so considering policies to improve the system would have a cross-cutting impact. To have the greatest success, we should work to coordinate efforts around the larger holistic issues.

Through collaboration, this community has the opportunity to focus resources, improve communication and work toward making measurable change to address the needs. In these times of reduced funding and need for increase in services to cover the uninsured, underinsured and vulnerable populations, collaboration are not an option, but a necessary component to provide access to services, improve quality of care and reduce costs to the community. Many organizations are likely already collaborating and many more could if there was an increase in communication of services, availability to share successes and failures with each other and focus on what is best for the community.

Participant List

Name	Organization
Ablene Lewis	Ford FB
Alex Mueller	Rural Resources
Anne Lawson	CCS & Colville City
Barry Bacon	PNEWMG
Becky Esvelt	Kettle Falls FB
Bill Fode	New Alliance
Bob Esvelt	Kettle Falls FB
Bob Long	Community
Brian Myers	EHF
Cliff Nelson	Loon Lake Food Bank
Dan Pitman	New Alliance
Dave Windom	NETCHD
	Chewelah Valley
Debbie Barbee	Services
Debra Hansen	Wsu Stevens Co Ext
Dianna Michaels	Rural Resources
Donald D Lewis	Ford FB
Fr. Jeff Lewis	St. Mary of the Rosary
Frani Roberts	Colville FB
Gael Treesiwin	WSU Stevens Co Ext
Gary McNeil	Chewelah FB
Helen Loomis	NEWHP
Jake Wilson	Colville Rec Dept
Jane Branda	PSJH
Janet C Walinski	Community
Jeff Lewis	Ford FB
Jeff Michaelson	Rural Resources
Jerry Pechin	Cancer Outreach (ACS)
Jill Carpenter	Head Start/ECEAP
John P Morgan	School Board
Kelly Armstrong	Prescription Drug Asst
Ken Bensimon	Bethel
Kitty Burton	Hunters Food Bank
Kitty Burton	Hunters Food Bank
Leeann C DeTilion	PSJH
Leta Phillips	COMH&WP
Lloyd Ward	Bethel
Lyn Wachtel	NEWHP
Mara Muncey	Citizen
Marge Day	Grange
Mark Wagner	EWU

Mary Rau	Coville FB
Nancy Foll	Rural Resources
Nancy Kimbal	Ford FB
Peggy Mandin	COMH&WP
Richard Walter	Kettle Falls FB
Roy Belgarde	Ford FB
Ruth Vetsch	Ford FB
Sarah Nelson	Loon Lake Food Bank
Stacey Meacham	PMCH & PSJH
Susan Alexander	PMCH
Susan Durnell	Kettle Falls FB
Suzie Phillips	Community
Tim Goble	Grace Evan
Tom Kaluzny	PMCH
Tonya McDowell	Rehan Ranch
Wes Harris	Northport School Dist

Community Health Needs Assessment Data Summary

Instructions: Use the table below to summarize the data collected during the community needs assessment for your service area/ministry. Add columns or rows as needed. The table will help identify the opportunities for providing community benefit.

Need/Issue	Implications – statements from focus groups	Existing Community Resources that are Addressing This Need/Issue	Are the Resources Adequate? – data measured
<p>Poverty and difficult life circumstances -promoting health behaviors</p>	<p>Individual poverty leads to community poverty. 9/10 children are in poverty. The cycle of poverty is a learned behavior. 63% of kids are on reduced lunch program. Health outcomes are linked with economic realities. Poverty sends people back into poor life choices. Drug dealing, drug use, and crime are related to unemployment and low income.</p>	<ul style="list-style-type: none"> • Food bank – immunization clinics • Center for Youth • Prescriptions 4 Life • Children’s Summer Lunch Program • Churches/Ministerial Asso. • New Family Life Services • Colville Fun Run • Get Fit-Colville • Girl Power • Colville Jr. Miss • Kettle Falls Jr. Miss • Graduation Night • Tri-County • American Cancer Society • Warming Centers-Chewelah/Colville 	<p>No, share of adults uninsured has worsened over 3-5 years and is worse than the state average. Children immunization rates are much worse than the state average.</p>
<p>Family mental health and chemical dependency -Mental health -Severe mental illness</p>	<p>Mental health is a driving condition for other medical problems. The average death rate of the severely mentally ill is 50 years or less. Mental health goes hand in hand with alcohol and drug abuse. No local access to mental health services. School psychologist is only available to the developmentally disabled students. Drug and</p>	<ul style="list-style-type: none"> • New Alliance Counseling • Community apartments for mentally ill/handicap • Prescriptions 4 Life • Rural Resources • Regional Support Network • Tri-County Health 	<p>No, the share of adults with poor mental health in Stevens County has increased over the past 3-5 years and is higher than the state average. Male suicide rates remain much worse than the state average. Adult binge drinking has gotten worse over the past 3-5 years and is worse than the state average.</p>

	alcohol treatment programs are needed.		
Community outreach coordinator focusing on avenues of mentorship, job training, and volunteerism	Lack of volunteer engagement. Lack of pride and isolation. There is a lack of coordination of services.	<ul style="list-style-type: none"> • Rural Resources 	Unknown, no direct data, based on discussion at the focus group in Northport.
Communication/networking	Need to communicate with other support services for better integration. Expand the networks of supports. Develop relationships that can make change possible. Communication gap.	<ul style="list-style-type: none"> • Food Banks/Hunger Coalition • Rural Resources • Vet Stand Down • WSU Extension Services • Schools • Ministerial Association 	Unknown, no direct data, based on discussion at the focus groups in Loon Lake and Chewelah
Facility for the whole person, resources in one place	Resources needed to support change, much like the Union Gospel Mission in Spokane. Preventative and Intervention support to those attempting to manage their realities.	<ul style="list-style-type: none"> • Rural Resources 	Unknown, no direct data, based on discussion at the focus group in Colville.
Obesity/nutrition/cooking education	Eating five fruits and vegetables is a problem, they are too expensive. Diabetic education is needed. Data and own experience not in alignment; obesity greater than data reports.	<ul style="list-style-type: none"> • Food Banks • Hunger Coalition • Free Meal Sites-Catholic, Colville Community, SDA, AOG, Hunters • Rural Resources-Senior Nutrition Program 	No, share of adults consuming five fruits and vegetables daily has declined over the past 3-5 years and is worse than the state average. The adult obesity rate has improved over time and is at the same level as the state, which both could use improving.
Food insecurity, nutrition, education	Funding for food banks is being cut. Loss of Home Economic classes in school has had a negative effect. There is a need for education around nutrition, growing food, preserving food, and for parents to know how to feed kids.	<ul style="list-style-type: none"> • Food Banks • Head Start Preschool • Library • DSHS • Tri-County-WIC, Farmers Market vouchers 	No, share of adults consuming five fruits and vegetables daily has declined over the past 3-5 years and is worse than the state average. The adult obesity rate has improved over time and is at the same level as the state, which both could use improving.
Dental Health	No dental care in the very rural communities. Dental care impacts heart disease. Those over 65 are vulnerable and have access issues to dental health.	<ul style="list-style-type: none"> • Colville Dental • Tri County Community Health Fund 	No, the trend has stayed the same and is at the same level with the state.

Transportation	People don't have money for transportation. Isolationism is an issue.	<ul style="list-style-type: none"> • Bus • Rural Resources • DSHS • Catholic Charities • Medicaid 	Unknown, no direct data, based on discussion at all focus groups.
Child Abuse, Domestic Violence, Abuse prevention.	Under reporting of abuse. Abuse in the home is an underlying reason for smoking, alcohol, poverty, etc. Early childhood trauma connected with obesity, smoking, drinking, etc.	<ul style="list-style-type: none"> • Family Support Center • Women Making a Difference • New Family Life Services 	No, the rate for child abuse in Stevens County in 2010 was 41.5, an increase of 4% since 1999.

*Data gaps are due to unavailable information.

Aside from the categories in the template, you may wish to add columns that address the following:

- **Monitoring Progress:** If this is a need/issue that our service area/ministry elected to address, what progress has been made?
- **Risk Assessment:** Is there likely to be any change in the community resources that are currently addressing this need/issue?